

Introduction to Peace, Health and Medical Work



Photo: S. Wiegner

Monday 13 March 2006, 08:30 – 10:00
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Objectives of the teaching block

- By the end of the session students should be able
 - to explain the differences between mainstream use of the terms "peace" and "peace work", and an inclusive conceptualization as used in peace studies
 - to diagnose different kinds and levels of violence in clinical settings and socio-political life
 - to analyze a given conflict example by identifying three elements, phases, levels and involved actors
 - to outline four mayor links between peace and health



Outline

A. Peace Studies in a Nutshell

1. What is Peace?
2. What is Peace Work?
3. Conflict Analysis
4. Conflict Handling

B. The concept of medical peace work

1. Health deficit causes violence
2. Violence as health problem
3. Health professionals at risk
4. Health personnel in peace work



1. What is Peace?

- **Historical and cultural differences:**
 - Satyagrahvarda (Sanskrit): study of physical, mental and spiritual forces for individual and social harmony
 - Shalom (hebr.): well-being and spiritual wholeness
 - Eirene (gr.): ethical social relationships
 - Pax (lat.): law, order, mutual duty



1. What is Peace?

Merriam-Webster Online Dictionary www.m-w.com

- 1 : a state of tranquillity or quiet: as
 - a : freedom from civil disturbance
 - b : a state of security or order within a community provided for by law or custom <a breach of the peace>
- 2 : freedom from disquieting or oppressive thoughts or emotions
- 3 : harmony in personal relations
- 4
 - a : a state or period of mutual concord between governments
 - b : a pact or agreement to end hostilities between those who have been at war or in a state of enmity
- 5 : used interjectionally to ask for silence or calm or as a greeting or farewell



A Holistic Concept of Peace

1. Peace as the negation of violence

- Peace is relative
- Peace is subjective
- Peace grows, when violence diminish



What is violence?

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation."
(WHO, 2002)



What is violence?

- “Unnecessary insult of basic needs”
 - use of physical or mental power (direct)
 - social, economical or political system (structural)

Typology of Violence (Galtung, 1996, p. 197)

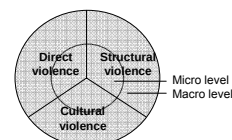
	Survival needs	Well-being needs	Identity needs	Freedom needs
Direct violence	Killing	Maiming, siege, sanctions, misery	Desocialization, resocialization, secondary citizen	Repression, detention, expulsion
Structural violence	Exploitation (strong)	Exploitation (weak)	Penetration, segmentation	Marginalization, fragmentation

Cultural violence: Religion, ideology, art, science and language which justify and legitimise the direct and structural violence.



Different dimensions of violence

- Collective, inter-personal and self-induced violence (WHO)
- Macro / micro level violence:

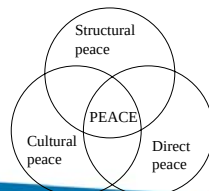


A Holistic Concept of Peace

2. PEACE as a state of complete harmony

HEALTH = not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being (WHO)

PEACE



A Holistic Concept of Peace

2. PEACE as a state of complete harmony

Typology of peace (adapted from Galtung, 1996, p. 33)

Direct peace	loving, harmonious acts to elicit the good in each other
Structural peace	equitable, horizontal relations
Cultural peace	Religion, ideology, science, art, language promoting direct and structural peace



A Holistic Concept of Peace

Good health = strong immune system, quick recovery

“Capacity of the spirit, the mind, the body and the society to handle pathogens of any kind with insight, creativity, and by healthy means” (Galtung)

What is “conflict”?

- Clash of incompatible goals
- Not a synonym for violence, war and destruction!
- Neutral, potential to positive change
- always and everywhere
- micro (inner-personal) to macro level (international)
- Needed: *violence prevention*, not *conflict prevention*



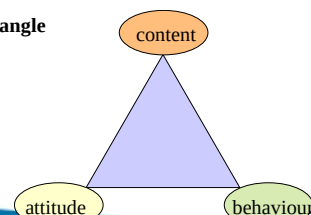
A Holistic Concept of Peace

3. Peace as capacity of conflict handling

Conflict

= clash of incompatible goals in a goal-seeking system.

The Conflict Triangle



A Holistic Concept of Peace

3. Peace as capacity of conflict handling

If incapable to „solve“ the conflict:

- frustration (goal not reached)
- dilemma (intra-personal, two incompatible goals)
- aggression (attitude)
- aggressiveness (behaviour)
- violence (escalation of the conflict)
- violence breeds violence (spiral)

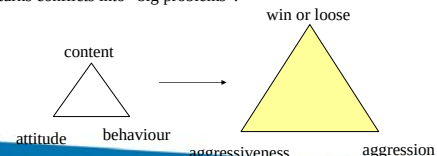


A Holistic Concept of Peace

3. Peace as capacity of conflict handling

Violence = unnecessary insult of basic needs, used as a means to solve conflicts, when incapable or unwilling to find more constructive ways. Violence breeds violence. Does not lead to just and sustainable peace.

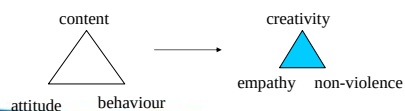
- turns conflicts into „big problems“:



A Holistic Concept of Peace

3. Peace as capacity of conflict handling

Peace = not merely absence of direct, structural and cultural violence, or presence of direct, structural and cultural peace, but also the capacity to handle conflicts with empathy, creativity and by non-violent means.



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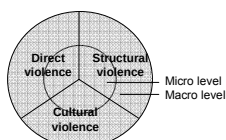
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2. What is Peace work ?

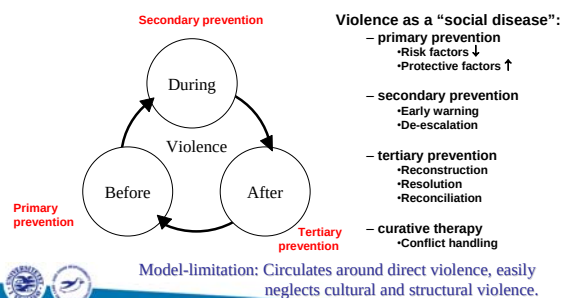


Non-violent activities which

- reduce or abolish direct, structural or cultural violence
- build harmonious, mutual beneficial relations
- strengthen the peace capacity of individuals / societies



2. What is Peace work ?



Multi-Track Diplomacy

Track one – track two (J. Montville, 1981)

Official, governmental action versus unofficial efforts by non-governmental professionals to resolve conflicts.

Multi-track diplomacy (L. Diamond, J. McDonald, 1991)

Incl. peace-experts, business, private citizens, media, religion, activism, research/training/education, donors

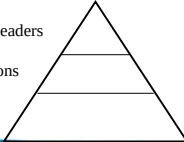
Multi-level peacebuilding

(J.P. Lederach)

Top: leaders

Middle: respected persons

Grassroot: civil society



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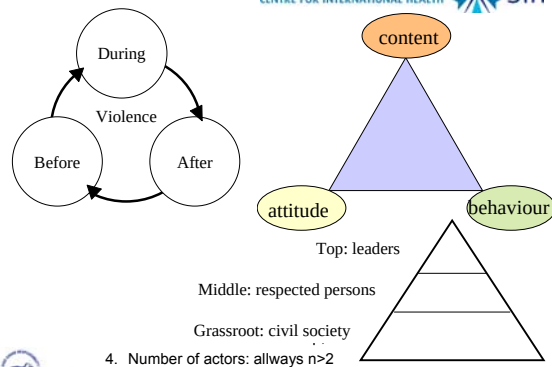


3. Conflict Analysis

content

- Conflicts – unavoidable, necessary for improvement
- Main source of information:
 - media (own agenda!)
 - local people (specialists for one perspective)
- Complexity – not a obstacle, but a challenge
 - 4 tools for analysis:
 1. Conflict ABC-triangle: hatred+violence+issue
 2. Phasis of a conflict: before, during, after violent event
 3. Levels within each actor: top, middle, grassroot level
 4. Number of actors: allways n>2

3 x 3 x 3 x n possibilities to act !



3 x 3 x 3 x n possibilities to act !



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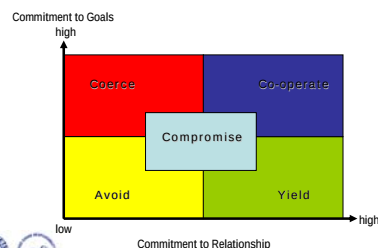
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4. Conflict Handling

• The Conflict Styles Diagram



From a goal-committed perspective:

- Avoidance: lose/lose
- Coercion: win/lose
- Yielding: lose/win
- Compromise: lose some / win some
- Co-operation: win/win



4. Conflict Handling

PEACE is a process 5 steps long to practise the skills that make communities strong:

(by Ian Macduff & Suzanne Innes-Kent, 1998)

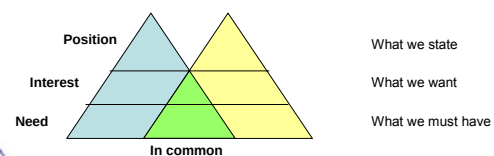
- P – **partnership** (building up relationship)
- E – **elicits stories** (listening to each side)
- A – **assesses needs** (primary concerns ≠ demands)
- C – **creates principles** (values all can agree on)
- E – **establishes do-ables (action, implementation)**



4. Conflict Handling

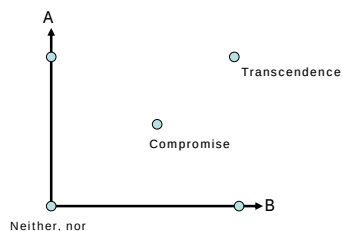
Challenges:

- to overcome a bargaining position
- Partnership instead of competition
- Position ≠ interest ≠ needs



4. Conflict Handling

- Conflict Transformation (Galtung)



Summary of part A

A. Peace Studies in a Nutshell

1. What is Peace?
 - Event, process and invariant
 - Not just absence from violence, but also presence of harmony and capacity of non-violent conflict handling
2. What is Peace Work?
 - Prevention or reduction of all kind of violence, conflict handling, sustainable peace building
3. Conflict Analysis
 - ABC-triangle, three phases, three levels, $n > 2$
4. Conflict Handling
 - Partnership, stories, needs, principles, action
 - Co-operation / conflict transformation



B. Concept of Medical Peace Work

“The role of physicians and other health workers in the preservation and promotion of peace is the most significant factor for the attainment of health for all.”



(World Health Assembly, Resolution 34.38, 1981)



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1. Health deficit causes violence

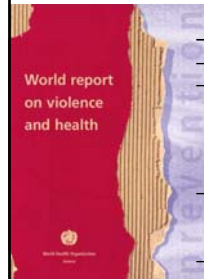
- Lack of health service: frustration↑
- Malign epidemics (e.g. HIV): social fabric ↓
- Sick individuals: danger for self and others



Health work might prevent violence!



2. Violence as health problem



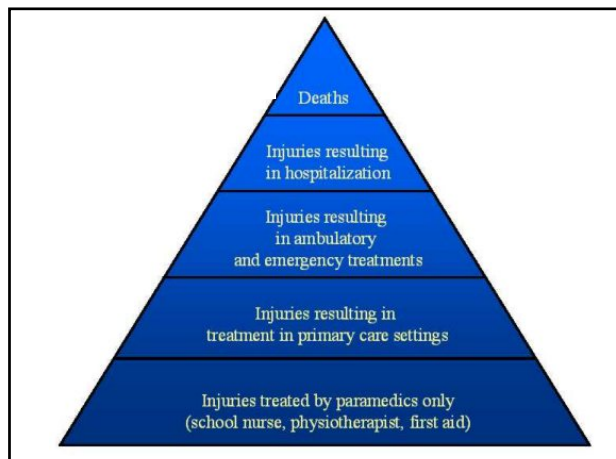
- 1.6 Mio. people killed in year 2000
- one of the major causes for death between 15-44
- socio-economical disaster
 - expenditures for health system
 - loss of productivity and manpower
 - destruction of infrastructure, national treasure, properties and environment
- enormous human cost
 - pain and suffering
 - often not visible
- prevention is possible



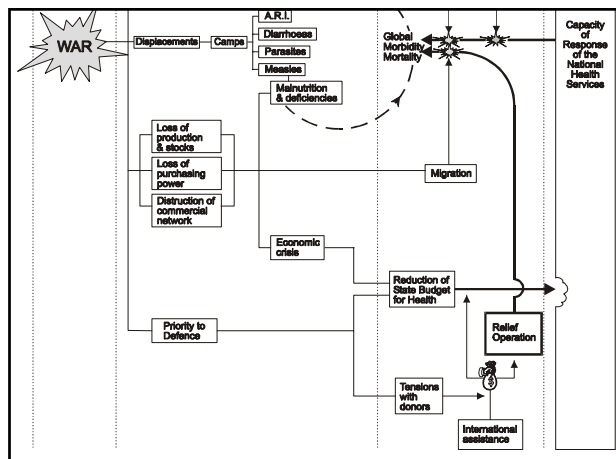
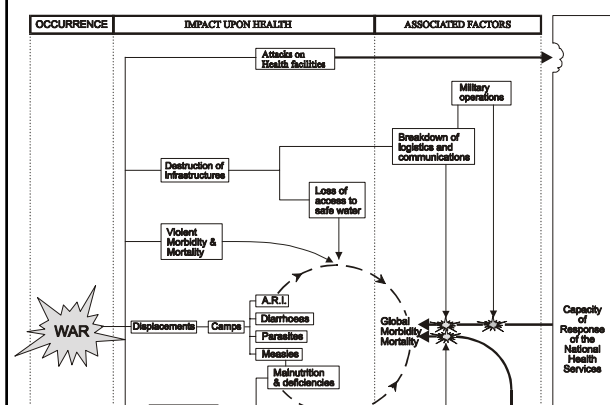
2. Violence as health problem

Estimated global violence-related death, 2000

Type of violence	Number	Rate per 100.000 population	Proportion of total (%)
Homicide	520 000	8.8	31.3
Suicide	815 000	14.5	49.1
War-related	310 000	5.2	18.6
Total	1 659 000	28.8	100.0
Low- to middle-income countries	1 510 000	32.1	91.1
High-income countries	149 000	14.4	8.9



War and Health

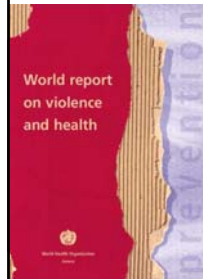


War in the 20th century (direct consequences)

- 191 million people killed, over half of them civilians
- huge numbers of injured and permanently disabled
- deliberate use of rape and torture
- depression, anxiety, suicidal behaviour, alcohol abuse, PTSD
- disturbed and antisocial behaviour, family conflict and aggression
- disruption of trade and business activities, decrease of food production and distribution, diversion of resources from other sectors
- social turmoil, forced migration of large population groups
- Indirect: 40 million people killed through famine



2. Violence as health problem



"... there is a strong role to be played by public health practitioners, academic institutions, NGOs and international organizations, to help governments increase their knowledge of and confidence in workable interventions.

Part of this role is advocacy, using education and science-based information. The other part is as a partner or consultant, helping to develop policies and design or implement intervention."

(Krug, Dahlberg et al. 2002, p. 19)



2. Violence as health problem

Socio-economical or political structures harming health and life (Structural violence)

- Main killer in the world is poverty (WHO, 1995)
- 18.324.000 deaths in year 2002 (The World Health Report 2004)
due to
 - Communicable diseases
 - Maternal and perinatal conditions
 - Nutritional deficiency
- US \$ 792.000.000.000 in year 2002 spent on military activities (www.sipri.org)



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3. Health professionals at risk

"... doctors were given much of the responsibility for the murderous ecology of Auschwitz – the choosing of victims, the carrying through of the physical and psychological mechanics of killing, and the balancing of killing and work functions in the camp. While doctors by no means ran Auschwitz, they did lend it a perverse medical aura."

(Lifton 1986, p. 18)



3. Health professionals at risk

The Nazi doctors

- social darwinism, eugenics and racial hygiene ground for the NS-ideology (cultural violence)
- direct line from euthanasia to Holocaust gas-chamber technology perfected by doctors exterminating the disabled, retarded and enfeebled
- role in the death camps selecting the victims and writing death certificates
- atrocious medical experiments grave violation of the integrity, dignity and right of individuals subjected to these experiments



3. Health professionals at risk

Abu Ghraib: serious human rights violations

Committed, observed or concealed by health personnel (Miles 2004)

Prison doctors, military medicine, psychiatry, public health, humanitarian aid, health work during war
Problem: double loyalty and working in violent environment

Medical co-operation with violent structures
e.g. high-tech priorities in health research

Daily day's violence in health institutions
e.g. patriarchal doctor-patient relations, neglect of symptoms, over-medication, mechanisation, corruption by the pharma industry



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4. Health personnel in peace work

Famous peace doctors:

Rudolf Virchow (1821-1902) - founder of social medicine
Charles Richet (1850-1935) - president of the French Society of Int. Arbitration
Józef Polak (1857-1928) - founded and headed the Polish Peace Society
Maria Montessori (1870-1952) - peace education & healthy child development
Albert Schweitzer (1875-1965) - humanitarian work in Africa
Jonathan Mann (1947-1998) - linked public health to human rights

Medical peace organizations:

Association médicale internationale contre la guerre (1905)
Internationale Gesellschaft der Ärzte gegen den Krieg (1932)
Physicians for Social Responsibility - PSR (1961)
International Physicians for the Prevention of Nuclear War - IPPNW (1980)
Physicians for Human Rights - PHR (1986)



4. Health personnel in peace work

Bridge building and conflict transformation
'Cease-fire for vaccination'

positive experiences from Central America in the 1980's.

The shared concern for fundamental health issues can transcend political, economic, social, and ethnic divisions and provide the entry point to dialogue and negotiation. (Guerra de Macedo, 1994)

Health as a Bridge for Peace (WHO, 1996)

"is a multidimensional policy and planning framework which supports health workers in delivering health programmes in conflict and post-conflict situations and at the same time contributes to peace-building."



4. Health personnel in peace work

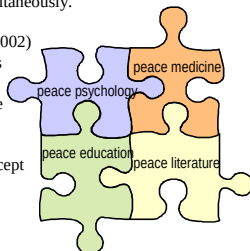
Peace through Health (McMaster University, 1993)

Peace through health action aims to reduce both health deficits and peace deficits in a system simultaneously.

Peace Medicine (CPS, UiTø, 2002)

Medical discipline which embraces health practice, research and education specialized on peace work

Health sectors contribution to a multidisciplinary, holistic concept of peace studies



Leonardo da Vinci
Community Vocational Training Action Programme

Medical Peace Work –

a new European field of expertise in health work, violence prevention and peace building

- » Duration: Oct. 2005 – Sept. 2007
- » Totalfunding by EU: NOK 2,7 Mio
- » www.medicalpeacework.no



4. Health personnel in peace work

What makes peace work medical?

Peace work is all kind of non-violent activities which

- reduce or abolish direct, structural or cultural violence
- build harmonious, mutual beneficial relations
- strengthen the peace capacity of individuals / societies

Medical peace work: Intentional use of medical peace assets for improving health through violence prevention and sustainable peace building



Medical peace assets

Qualities	Tools	Opportunities
Skills and knowledge: •cure and rehabilitation of diseases •healing of traumas •diagnosis and documentation •psychological analysis of conflicts •data collection and research •epidemiology •evaluation of interventions •identification of health threats •fighting unhealthy behaviour •rebuilding the health sector Values: •commitment to health •sancity of human life •doing no harm •human dignity •impartiality (help to anyone in need) •confidentiality •advocacy for the sick and vulnerable •worldwide solidarity among members	•access to individuals and communities •intimate contact (to key-person, perpetrators, victims) •close contact to other services •international network •trust •social stature •often well-educated •legitimacy to speak out •resources and infrastructure (often internationally bolstered) •shaping health policies •joint actions health as super-ordinate goal •engagement of the civil society •medical codes, ethics and guidelines •Human Rights and IHL	•dialogue and co-operation •demonstration of peace-possibility •evocation and broadening of altruism •humanization of the enemy •solidarity and support (overcoming the sense of isolation) •non-cooperation and dissent •education and awareness-raising •decrease of manipulation and war propaganda (reliable information) •mediation and diplomacy •door opener for other sectors •contribution to human security •witness and protection of victims (referral and follow-up) •protection and advocacy of HR •advocating policy changes •interventions to prevent violence •contribution to civic identity (integration) •local participation (empowerment of civil society)

4. Health personnel in peace work

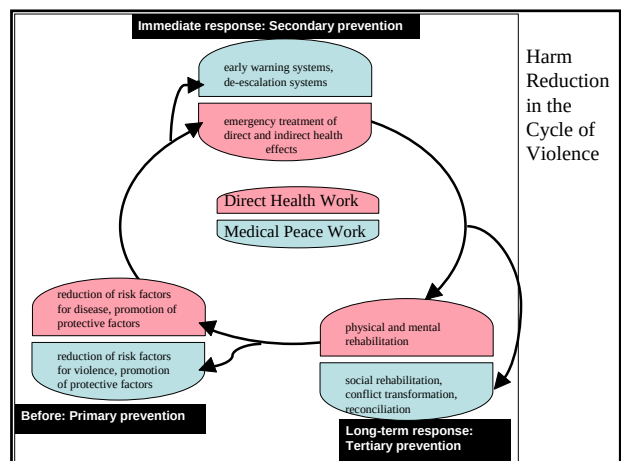
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What makes health work peace relevant?



Before escalation	During escalation	After escalation
primary prevention: reduction of risk factors, promotion of protective factors	secondary prevention: early warning systems, de-escalation systems	tertiary prevention: reconstruction, resolution, reconciliation
disarmament, non-proliferation, trust building, addressing basic needs and human rights, monitoring, inspection, operator protection, observation, fact-finding mission, UN peace-keeping	restriction of weapons and war strategies, dialogue and cooperation among health workers, immunization cease-fires, positive sanctions, arbitration, negotiation, mediation, health services provision, demobilization, UN peace-making	individual and social healing, re-integration of health workers, joint training, humanitarian aid, development assistance, joint surveillance activities, joint medical supply procurement, UN peace-building

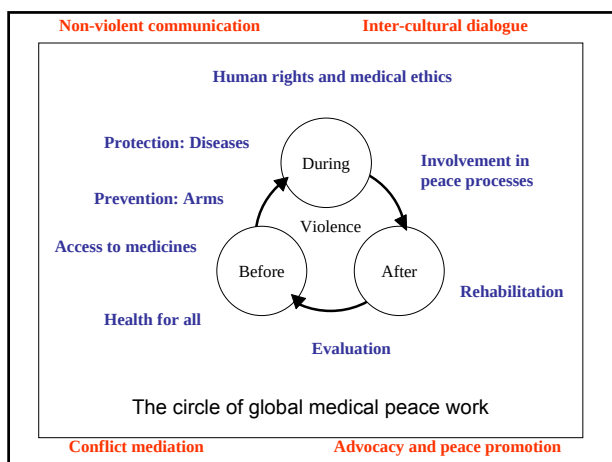


Summary of part B

B. Concept of Medical Peace Work

1. Health deficit causes violence
 - Health work might prevent violence
2. Violence as health problem
 - One of major causes of mortality and morbidity
3. Health professionals at risk
 - Double loyalty, violent environment
 - Unintended negative impact
4. Health personnel in peace work
 - Medical peace qualities, tools and opportunities
 - Health as Bridge to Peace, Peace through Health, Peace Med.





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CENTRE FOR INTERNATIONAL HEALTH



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